

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-005883

AMENDED

Registration District No. 73Primary Registration District No. 3014Registrar's No. 27

STATE FILE NUMBER

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Liberty

Length of stay in lb
38 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

127 Dorsey

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY
OR TOWN

Liberty

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

127 Dorsey

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clarence

George

Alspaugh

4. DATE
OF DEATH

Month

Day

Year

March

2

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-30-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpentry

10b. KIND OF BUSINESS OR INDUSTRY

Building Contr.

11. BIRTHPLACE (City and state or country)

Cowgill, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Alspaugh

13b. MOTHER'S MAIDEN NAME

Katie Mohn

14. NAME OF HUSBAND OR WIFE

Virginia Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. C. G. Alspaugh, Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary insufficiency

2 yrs.

DUE TO (c)

Generalized arteriosclerosis

- ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 20 1961 to Mar 2, 1962 and last saw her alive on Feb. 21, 1962
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-5-1962

23c. NAME OF CEMETERY OR CREMATORY

Cowgill Cemetery

23d. LOCATION (City, town, or county)

Cowgill,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Pasley Funeral Home, Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

3-7-1962

26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Pasley

Licensed Embalmer No. 4308

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.